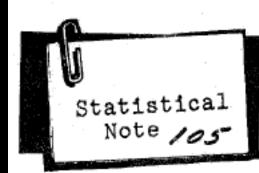
CLINICAL RESEARCH: Getting to Diversion



Barbara McDermott PhD Katherine Warburton DO





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Alcohol, Drug Abuse, and Mental Bealth Administration NATIONAL INSTITUTE OF MENTAL HEALTH

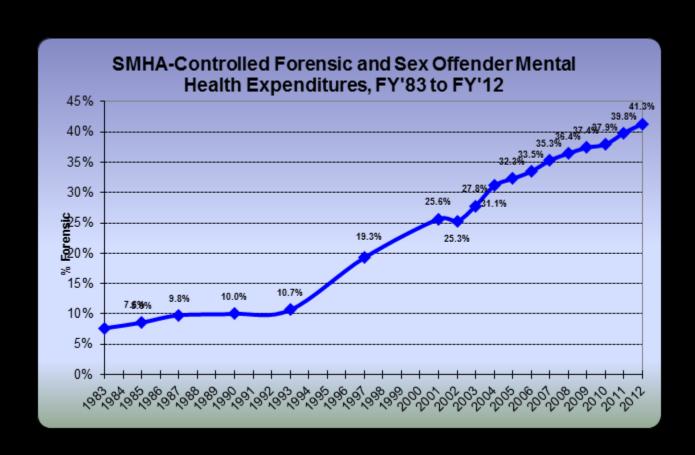
Division of Biometry Survey and Reports Branch

Table A. Percent distribution of inpatient admissions to State and county mental hospitals by legal status and sex -- United States 1972

The state of the s	Total	Male	Female
Total	100.0%	100.0%	100.0%
Voluntary	48.6	48.5	48.9
Nonprotesting	5.7	3.5	9.2
Involuntary	41.8	42.1	41.5
Prison transfers	1.5	2.4	*
Incompetent to stand trial	2.3	3.5	W.

^{*} Estimates are below acceptable limits of reliability

National Forensic Spending



2014 NASMHPD Forensic Survey

- 75% demand for forensic services has increased (a lot 54%, moderately 21%)
- 78% of states responding report that increased demand for forensic services has required that they maintain waiting lists for admission
- Half of states responding report that they have been threatened with or found in contempt of court for failing to admit court ordered patients in a timely manner



National Association of State Mental Health Program Directors 66 Canal Center Plaza, Suite 302 Alexandria, Virginia 22314

Assessment #9

Forensic Patients in State Psychiatric Hospitals: 1999-2016

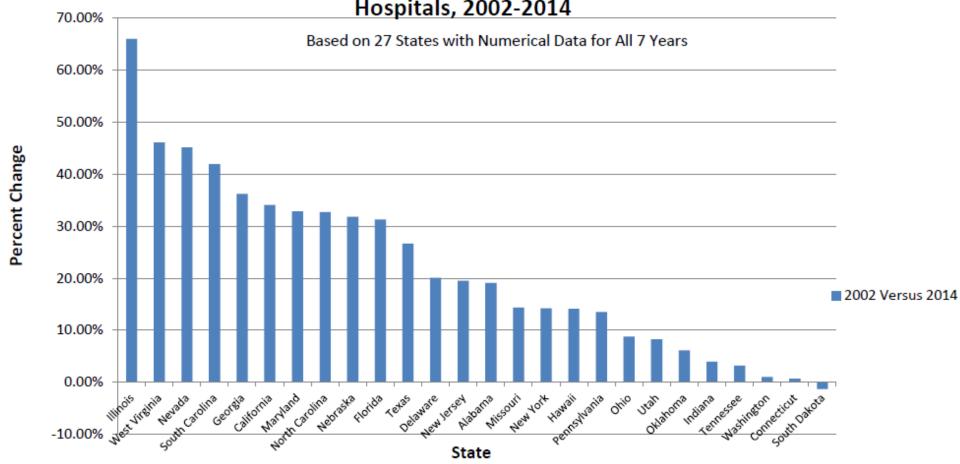
August 2017

Alexandria, Virginia

Ninth in a Series of Ten Briefs Addressing: What Is the Inpatient Bed Need if You Have a Best Practice Continuum of Care?

This work was developed under Task 2.2 of NASMHPD's Technical Assistance Coalition contract/task order, HHSS283201200021I/HHS28342003T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

Graph 8: Percent Change in the Forensic Composition of State Psychiatric
Hospitals, 2002-2014



*Notes: 28 states had data for 2002 and 2014. NH removed from graph since it reported no forensic patients for each year.

MA removed from graph due to a Not Divisible By Zero Error.

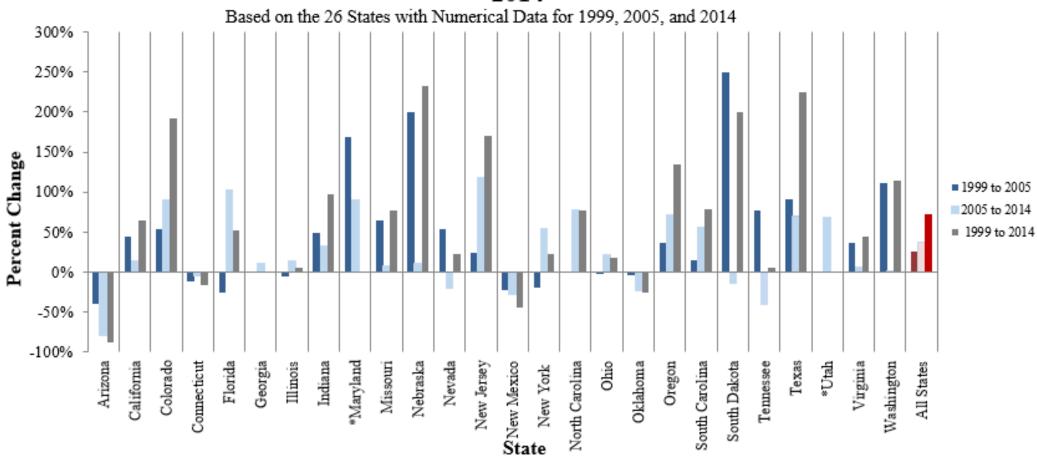
IL reported having 1,213 forensic patients in 2014 yet 513 patients who were 18 or older.

Data from 2013 was used for 2014. This made the number of adult state hospital residents 1,232 for 2014.

This caused a percent change of 66 percent.

Sources: 2017 NRI Inpatient Forensic Services Study, the Uniform Reporting System. and the 1995-2015 State Mental Health Agency Profiling System

Percent Change in Inpatient Incompetent to Stand Trial Population, 1999-2014



*Notes: 27 states had numerical data. However, NH was removed since it had 0 IST patients for 1999, 2005, and 2014.

GA had a percent change of 302% for 1999-2005 and 344% for 1999-2014.

MD had a percent change of 409% for 1999-2014.

UT had a percent change of 629% for 1999-2005 and 1129% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Forensic Patients in State Hospitals



- 74% in the number of forensic patients in state hospitals from 1999 to 2014
- 72%↑ the number of IST patients from 1999 to 2014

Department of State Hospitals IST Increase

- Increased IST Referrals
 - 60% increase in referrals to DSH (combined State Hospital and JBCT referrals)
 - FY 2013-14 232 avg per month
 - FY 2017-18 372 avg per month
- Increased Pending Placements
 - 139% increase in pending placements
 - FY 2013-14 343 avg patients pending placement list
 - FY 2017-18 819 avg patients pending placement

Incompetent to Stand Trial

"Long, Dangerous Wait for Hospital Beds for those Incompetent to Stand Trial."

KQED California, 10/20/15

IST Problem

- Colorado to hire consultant to ensure speedy competency ...Colorado Springs Gazette. 8/2/16
- With state hospitals packed, mentally ill inmates wait in county jails ...Dallas Morning News (blog). 4/21/16
- Jail wait times are inhumane for the mentally ill The Delaware County Daily Times. 7/18/16

IST Problem

- Federal trial to tackle Washington's mental competency wait lists. The Seattle Times. 3/14/15.
- Jails are becoming 'new psych hospitals' Jackson Hole (Wyoming) News & Guide. 8/10/16
- ACLU revives lawsuit against Pa. over 'off the charts' delays to treat mentally ill defendants. Pennlive.com. 5/11/17
- Lawsuit alleges Utah agencies 'unconstitutionally delay' mentally ill inmates' treatment. Deseret News Utah 9/9/15

IST Problem

- Mental-Health Treatment for Defendants Dogged by Delays. The Wall Street Journal. 4/19/15.
- New York plan aims to divert mentally ill people from jail's revolving door. The New York Times. 12/2/14
- Judge questions state's efforts on competency services case.
 Associated Press. 1/26/16



No one knows what's behind L.A. County's rise in mental competency cases

- Competency cases increased by nearly 50% from 2014 to 2015
- "...the annual total ballooned from 944 to 3,528."
- One competency evaluator noted, "If anything, I feel the cases have been people who are more impaired than usual."

Austin American-Statesman

Texas' highest courts launch review of mental health and incarceration

- "...the biggest problem the state faces with mental health is a shortage of beds in mental hospitals. As of about a week ago, 597 inmates who had been found incompetent to stand trial for major offenses were being forced to stay in jail while waiting for space to open at a mental health facility. The average wait is 139 days."



Speedy trial? Not if you're mentally ill in Michigan

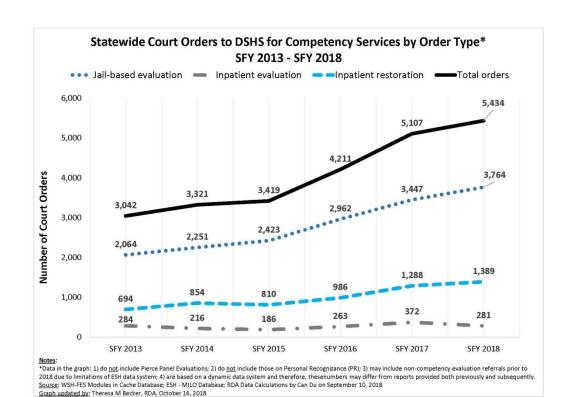
- The longest wait was 334 days for an inmate in Eaton County.
- "Competency cases move through the criminal justice system at a sluggish pace, because of one major hurdle: finding space at a state psychiatric facility."



Mentally ill waiting months in jail for beds at regional center

- Average stay of 68 days before getting a bed
- "But there is no room at the regional center often for months so they remain in jail, local officials say."
- "A jail environment is not designed to deal with these types of inmates on a long-term basis."

Trueblood v. Washington (2015)



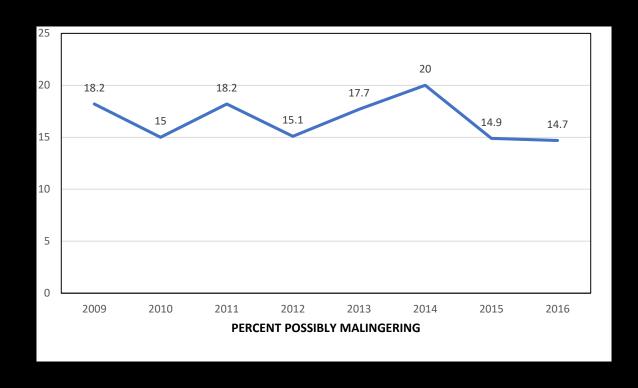
Trueblood v. Washington (2015)

- Over \$80,000,000
- Now new settlement structure

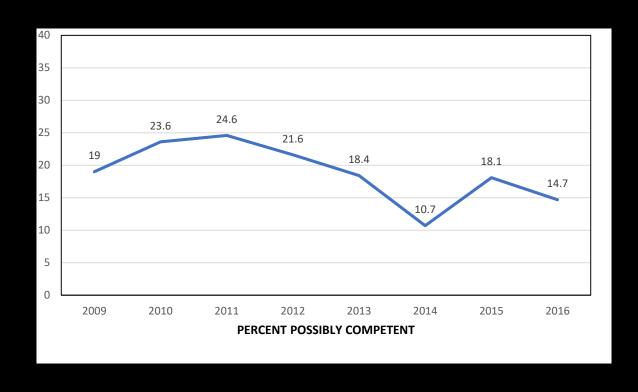
DSH-NAPA IST TRIAGE STUDY

- IST admissions between 1/1/09 and 12/31/16
- N=3158 interviewed/records reviewed

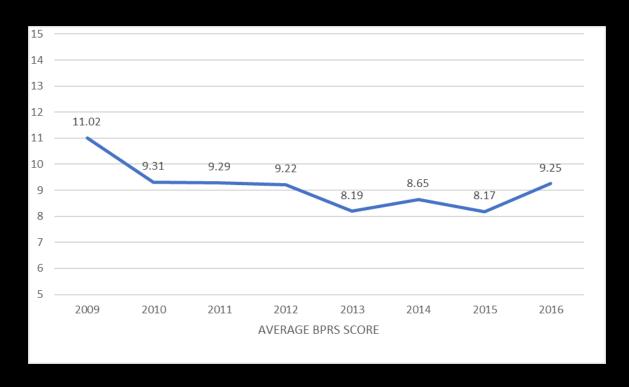
Malingering?



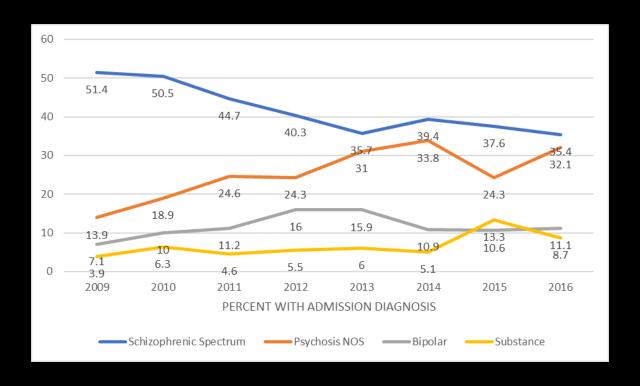
Already Competent?



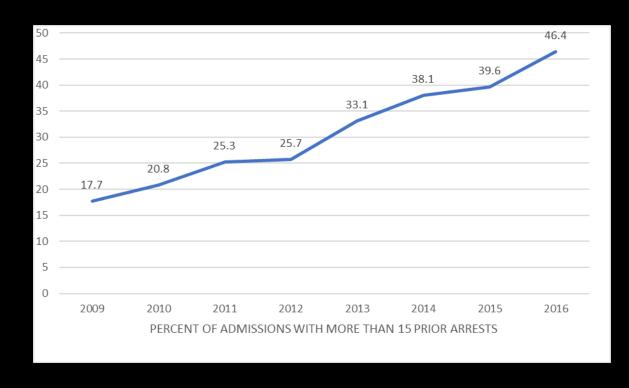
More (or less) III?



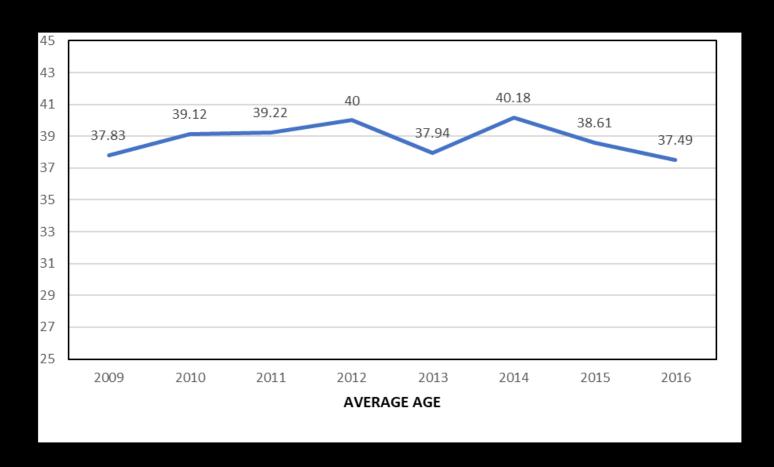
More Substance Abuse?



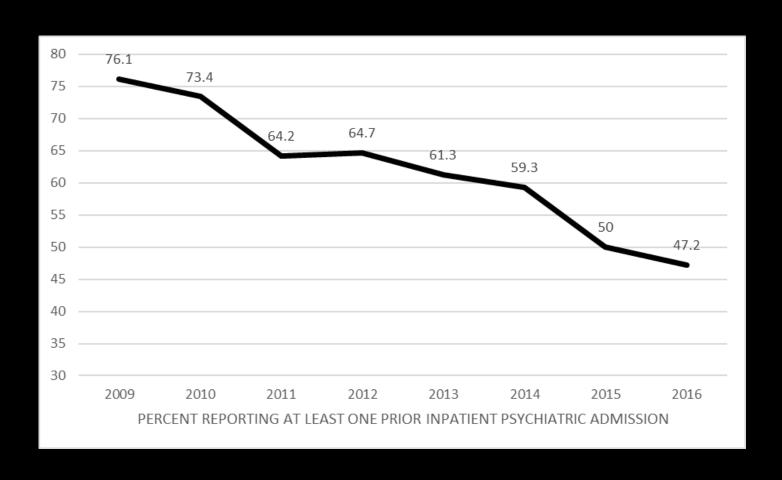
More Criminal History?



Age Differences?

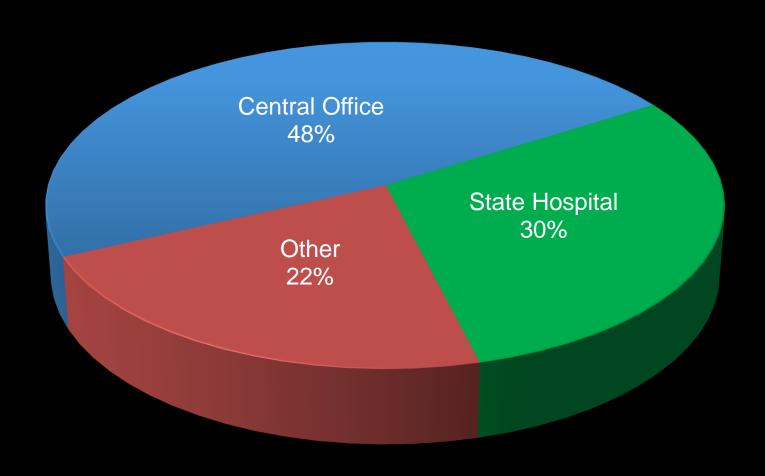


Prior Psychiatric Hospitalization



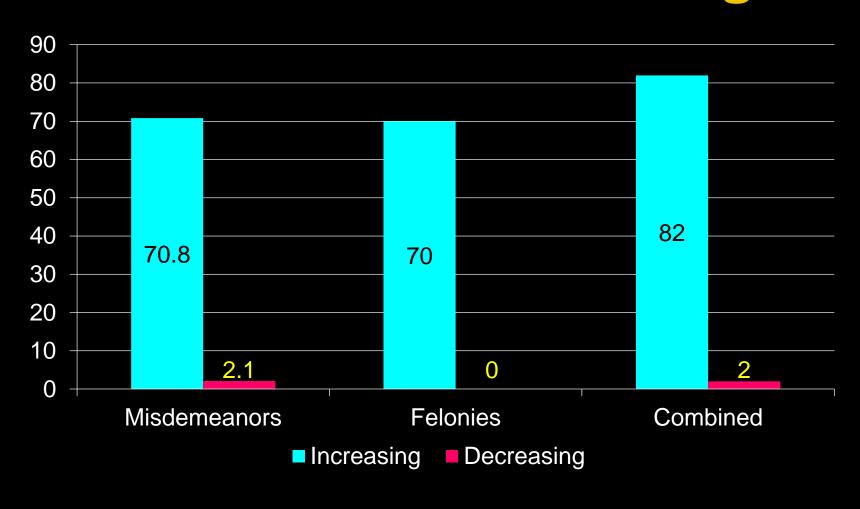
National IST Survey

Who Completed Survey



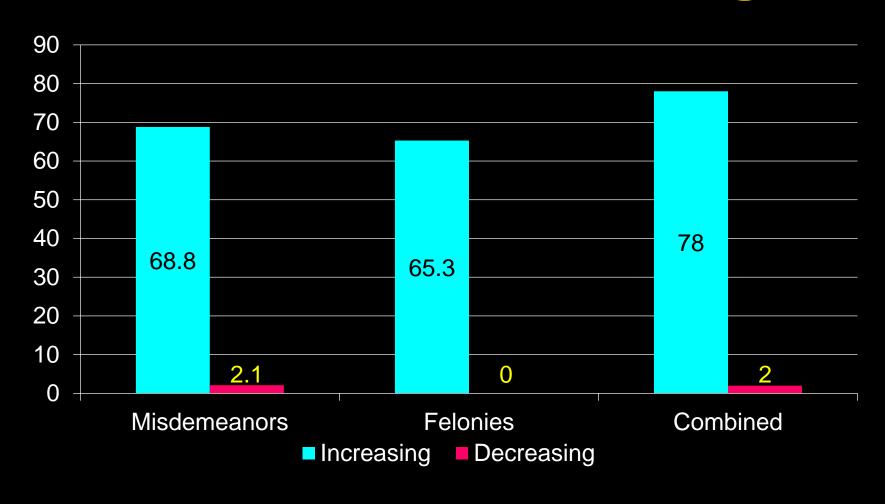
Evaluations

Referrals for Competency Evaluations Increasing



Restoration

Referrals for Competency Restoration Increasing



Waitlist/Litigation for Admitting IST Patients?



Why?

Reason for Increase?

- Homelessness?
- More awareness of MI by courts?
- Bar for involuntary meds too high?
- Inadequate ACT services in community?
- Inadequate crisis services in community?
- Bar for involuntary hospitalization too high?
- Inadequate number of inpatient psych beds?
- Inadequate general mental health services in community?
- Or, other?

Rankings

- Responses ranked high in importance*:
 - Inadequate general mental health services (3.45)
 - Inadequate crisis services in community (3.71)
 - Inadequate number of inpatient psychiatric beds in community (3.78)
 - Inadequate ACT services in community (4.22)

^{*}Lower numbers means a higher (more important) ranking

STATEWIDE ADMISSION STUDY

- IST admissions between 10/24/2016 and 1/15/2017
- N=396 interviewed/records reviewed
- Replicated procedures from DSH-Napa IST screening

In the 1980s, Belcher found that over 50% of patients released from a state hospital in Ohio were homeless within 6 months of discharge and over 30% had been arrested and incarcerated in that same time period

Belcher, J.R. (1988). Are jails replacing the mental health system for the homeless mentally ill. Community Mental Health Journal, 24, 185–195.

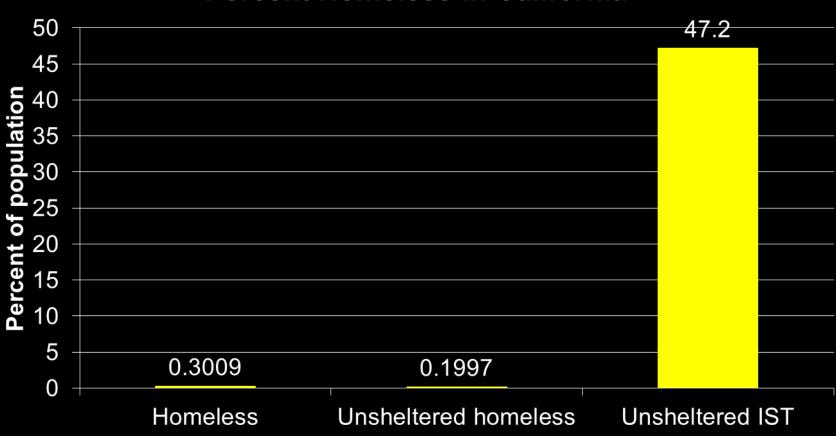
In 2006, Markowitz published data on 81 US cities, examining correlations between decreasing availability of psychiatric hospital beds and increase in crime, arrest rates and homelessness. He found that as state hospital bed capacity decreased, the number of mentally ill homeless individuals increased, along with crime and arrest associated with homelessness.

Markowitz, F.E. (2006). Psychiatric hospital capacity, homelessness, and crime and arrest rates. Criminology, 44, 45–72.

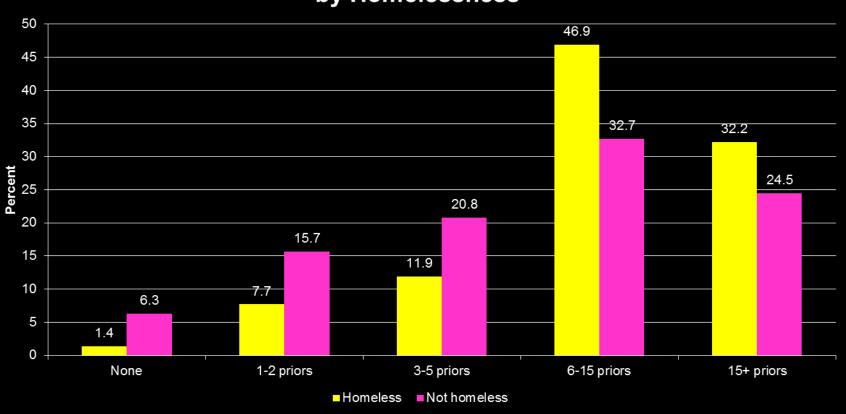
In New Orleans, the municipal court began routinely holding sessions in the homeless shelter because so many of the city's 34,000 outstanding arrest warrants were for people who were homeless or mentally ill.

Webster, R.A. (2015, December 16). New Orleans judges to hold court at homeless shelter. The Times-Picayune.





Prior Arrest History by Homelessness



HOMELESSNESS AND MENTAL ILLNESS

Alfred Postell, a bearded homeless man who carried his belongings in a white plastic bag, was charged with unlawful entry and stood before Judge Thomas Motley in DC Superior Court. Motley asked Postell if he had a lawyer. "I am a lawyer," Postell answered.



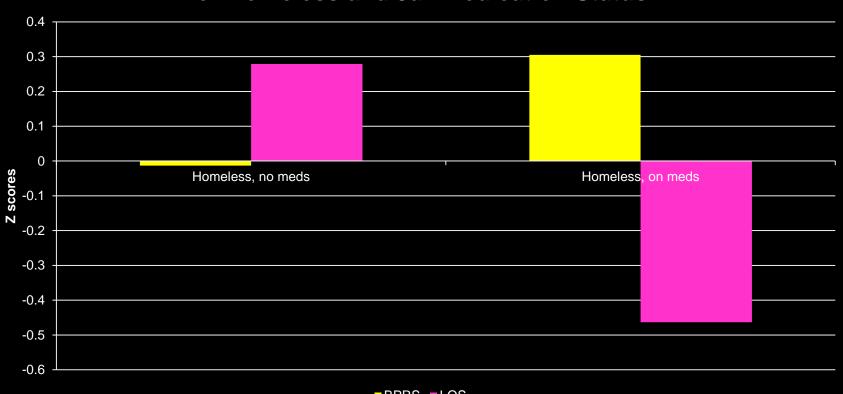
McCoy, T. (2015, July 14). Washington Post.

Postell had graduated from Harvard Law School in 1979. In fact, he came from the same Harvard Law School class as Supreme Court Justice John Roberts. That was before Postell developed schizophrenia, was not treated and became homeless.



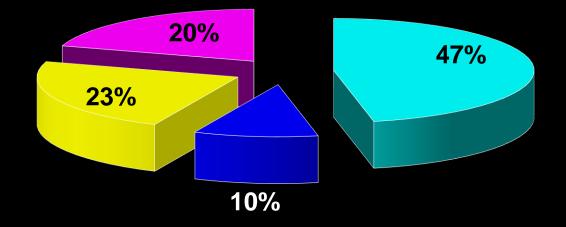
McCoy, T. (2015, July 14). Before a life on the streets, there was Harvard Law. Washington Post.

BPRS Scores and Length of Stay for Homeless and Jail Medication Status



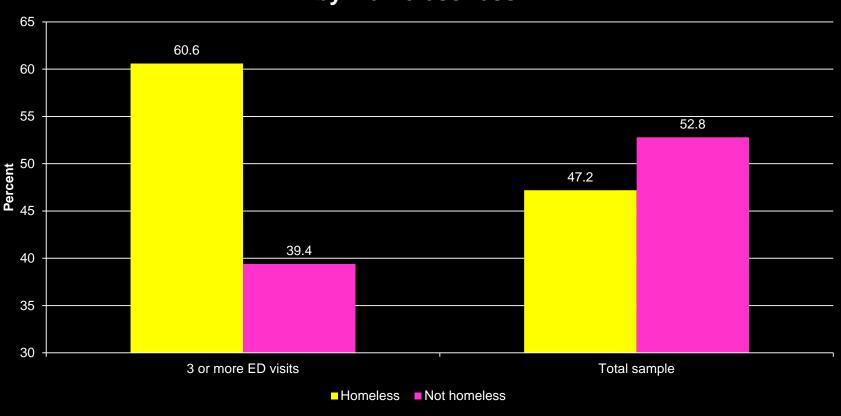
- Department of Health Care Services (Medi-CAL) linkage
- Services measured by billing tickets
- Multiple services per visit all billed separately
- Example: patient overdoses, at ED, multiple labs
- Billed for ambulance ride, ED visit and each lab
- More than 48,000 services in calendar years 2014-2017

- N=396 interviewed
- N=391 possibly eligible for Medi-CAL
- N=333 in Medi-CAL dataset
- N=58 not matched
- N=208 with services in 6 months prior to arrest

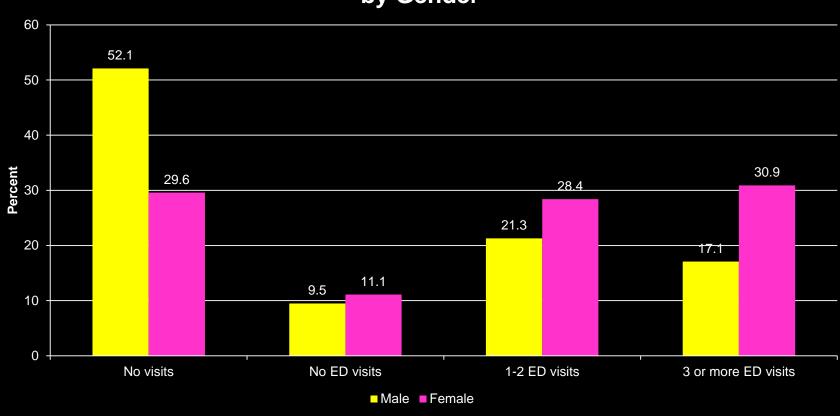


- No MH services in 6 months
- 1-2 MH ED services in 6 months
- No MH ED services in 6 months
- 3 or more MH ED services

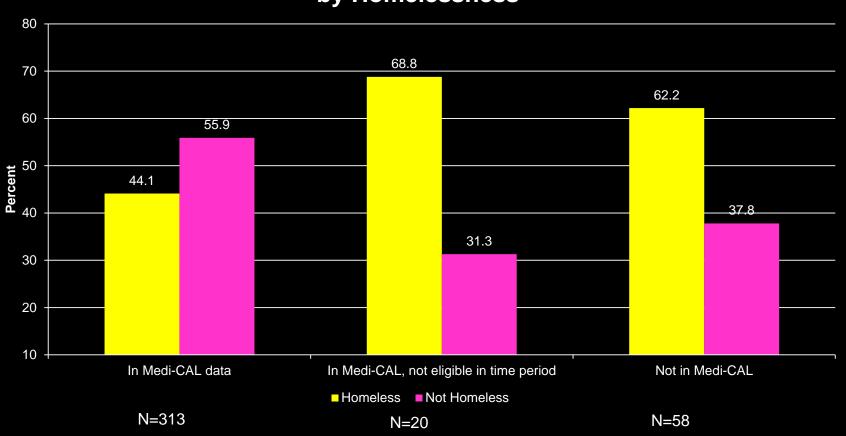
Medi-CAL ED MH Services by Homelessness



Medi-CAL ED MH Services by Gender



Medi-CAL Enrollment by Homelessness



CONCLUSIONS

- Large percentage of IST admissions homeless at the time of arrest
- Large percentage not receiving services in the 6 months prior to arrest
- Access to mental health care problematic